

IVH Medications Kaizen Event Report Out

By: THE HAPPY PILLMORES

October 12, 2007

IVH Kaizen Event

October 8 – 12, 2007

THE HAPPY PILLMORES



Team Members

Jim Scott, TBM Consultant

Jim Elliott, Performance Improvement

Melissa Steffensen, Nursing

Jules Burian, Pharmacy

Vicki Jenkins, Pharmacy

Becky Vaughn, Nursing

Jane Linnenbrink, Nutrition

Vinnie Soukhavong, Nursing

Cherie Drummer, Nursing

Dr. Joe Miller, Medical Services

Russ Pape, Safety

Diane Blackburn, Res & Fam Svcs

Dr. Doug Steenblock, Mental Health

Kevin Bartleson, Information Tech

Mike Rohlf, DOM Lean Administrator

Ann Hogle, Performance Improvement

Laura Scheffert James, IMCC

Kelly Grabau, Pharmacy

Kristy Kelley, Nursing

Judy Downs, Heinz Hall

Tisha Stringer, Nursing

Dixie Spencer, Nursing

Connie Tribby, Nursing

Kelli McCreary, Nursing

Bret Battles, Audiology

Ron Fuchsen, Maintenance

Cindy Hineman, Nursing

Scope - Cherie

Medication administration from the time the medication is ordered to the time the medication is received by the resident and documented.

Goals - Vinnie

1. Zero medication administration errors – 6 rights: resident, drug, time, dose, route and documentation
2. Capable of administering all medications within an acceptable timeframe.

Goals - Vinnie

3. All residents receiving an antipsychotic will have an appropriate medical provider documentation and diagnosis.

Objectives - Diane

1. Medication passers will have more flexibility with the medication administration times.
2. Identify a process that arranges bubble packs in the medication carts in the order of the MAR instead of the fill list.
3. Standardize the process of administering medications
4. Standardize the organization of the medication cart

Objectives - Diane

- 5. Standardize the process on the unit for order changes
- 6. Standardize the medication documentation process
- 7. Ensure a non-punitive culture for reporting medication errors

Kaizen Methodology - Jane

- Identify clear objectives
- Team process
- Tight focus on time
- Quick & simple
- Necessary resources immediately available
- Immediate results (new processes identified by end of week)
- 5S “mindset”, use the steps to support the event activities – sort, set in order, shine, standardize, sustain



2007/10/09



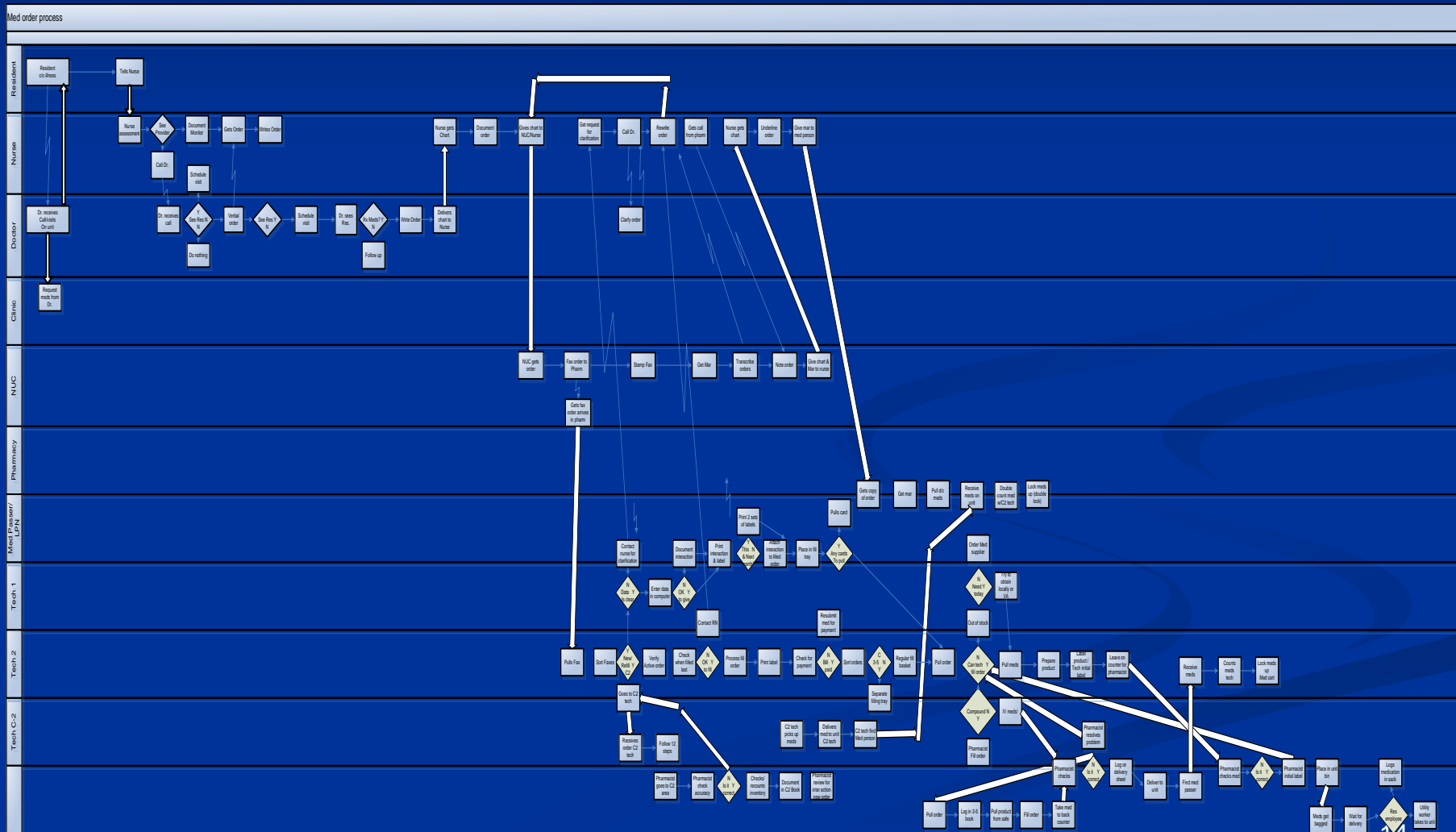


2007/10/09



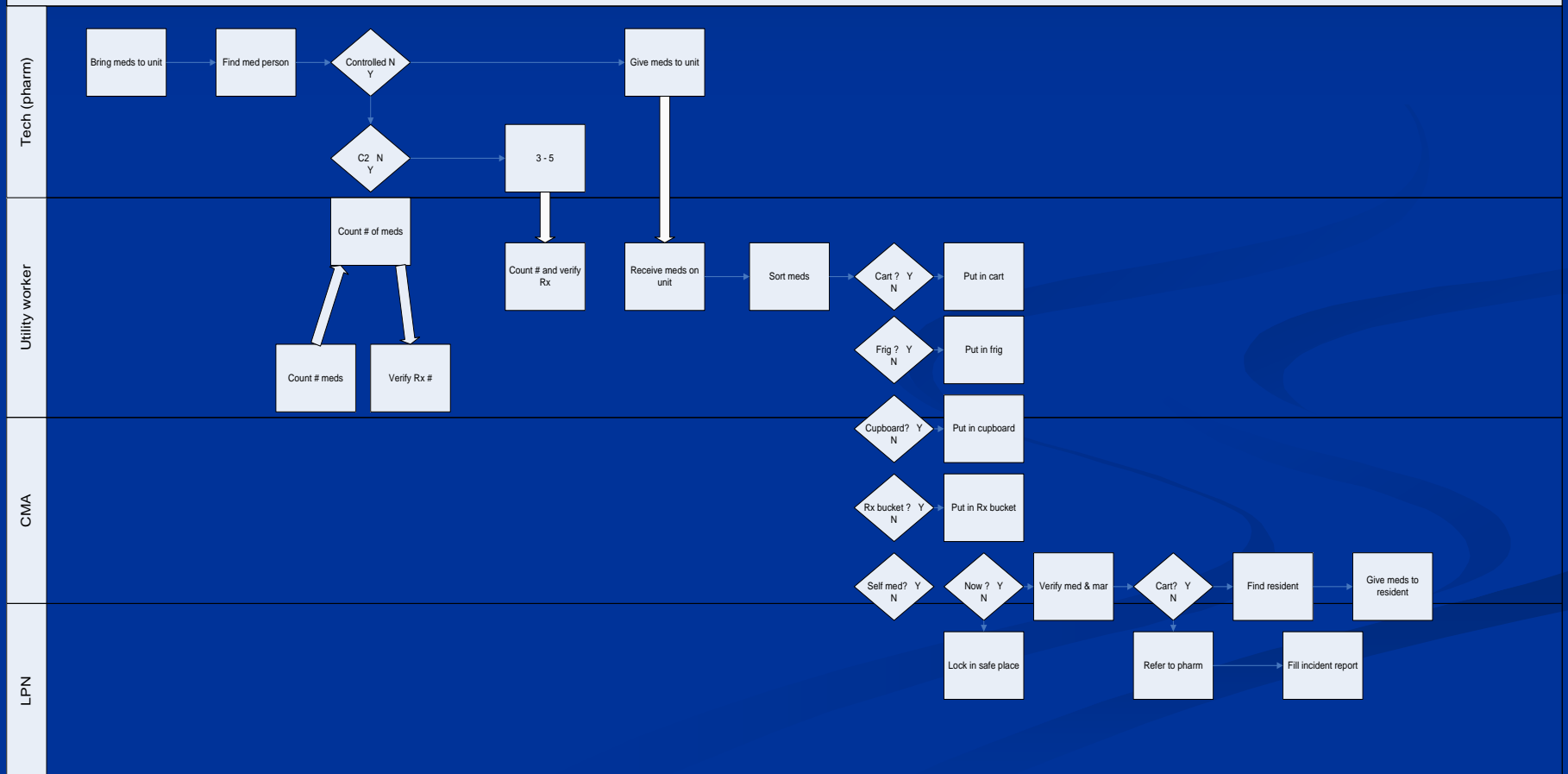
2007/10/10

Current Process – Med Order Becky



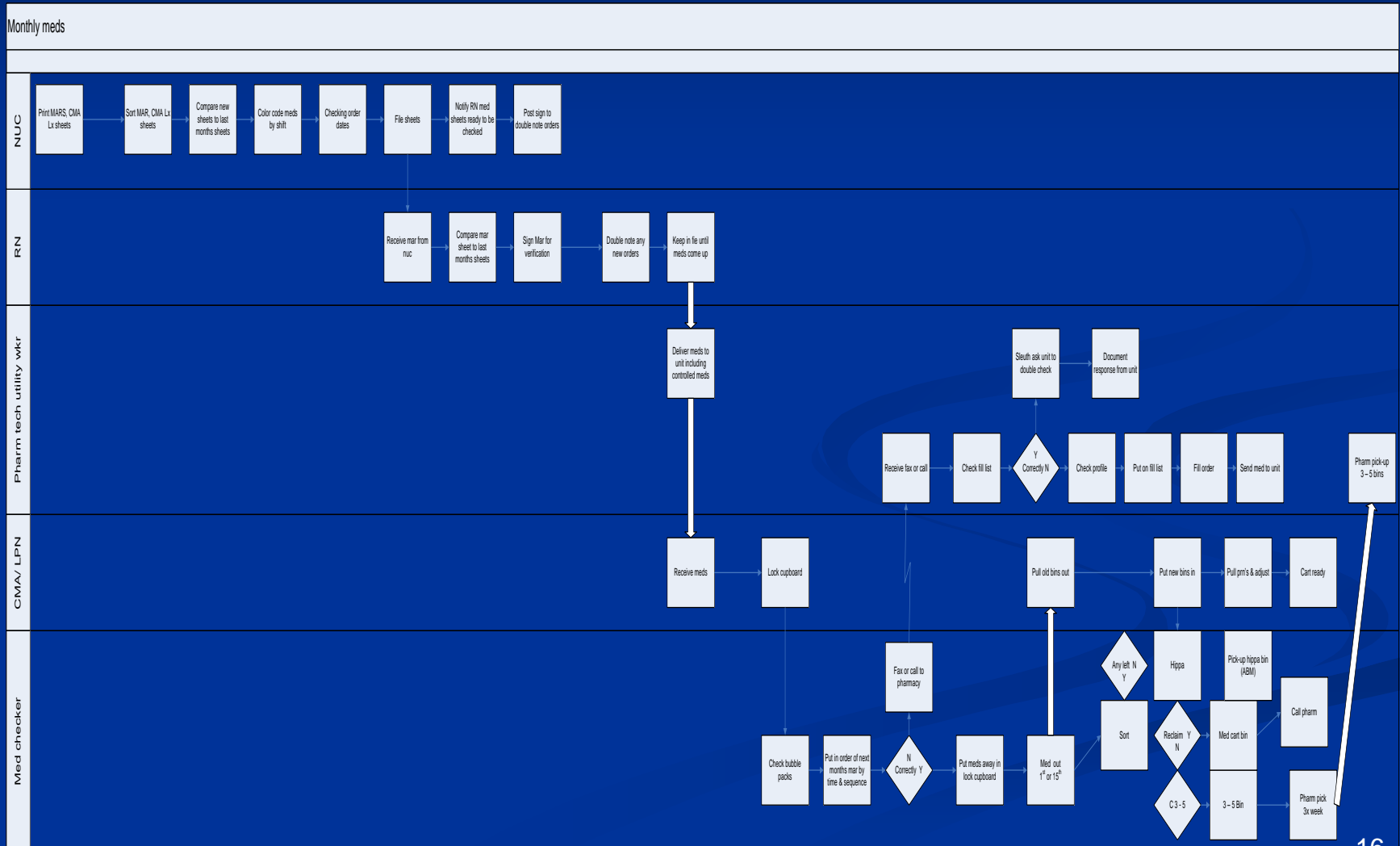
Current Process – Daily Med Delivery - Tisha

Daily meds delivery

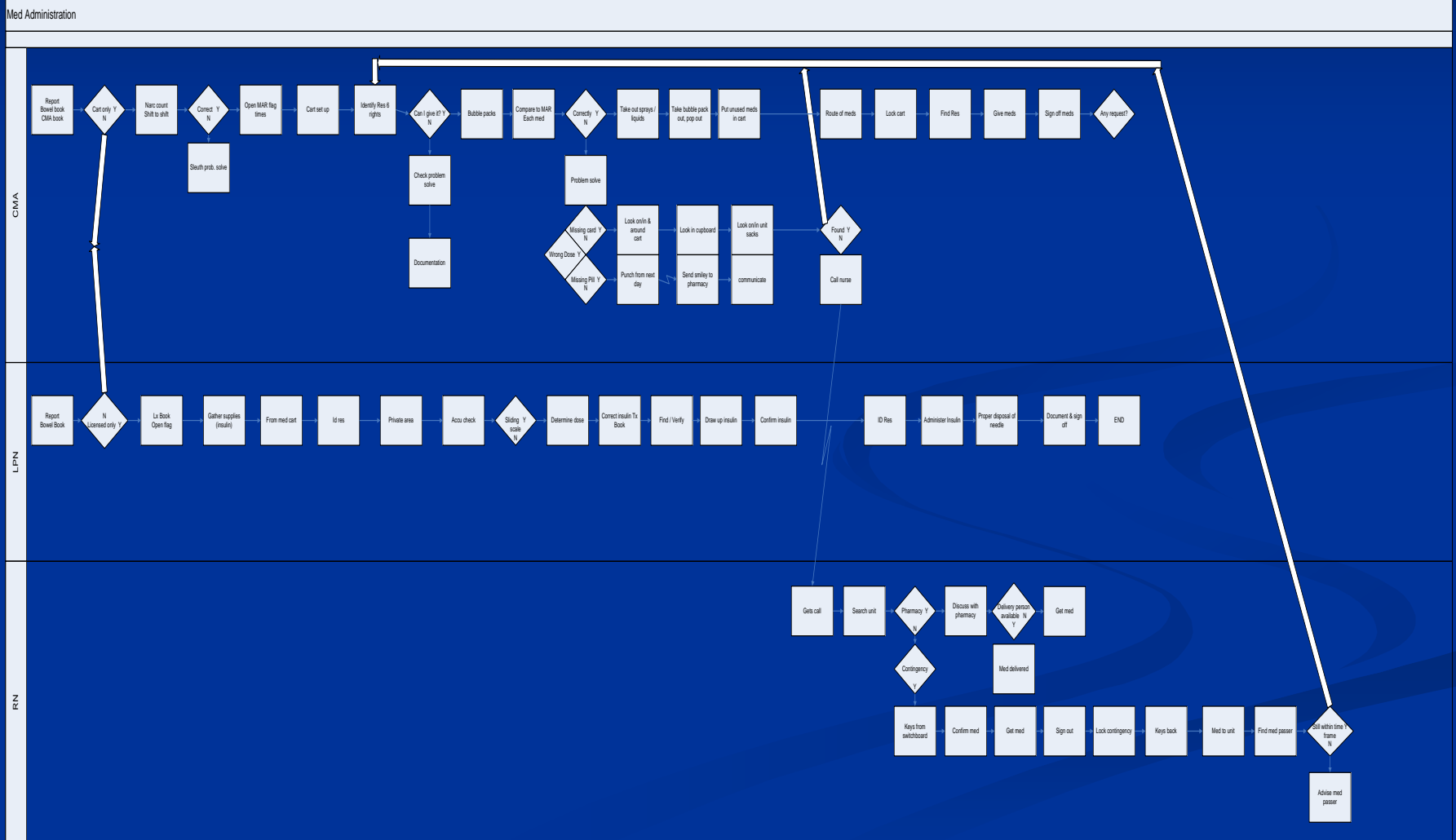


Current Process – Monthly Meds

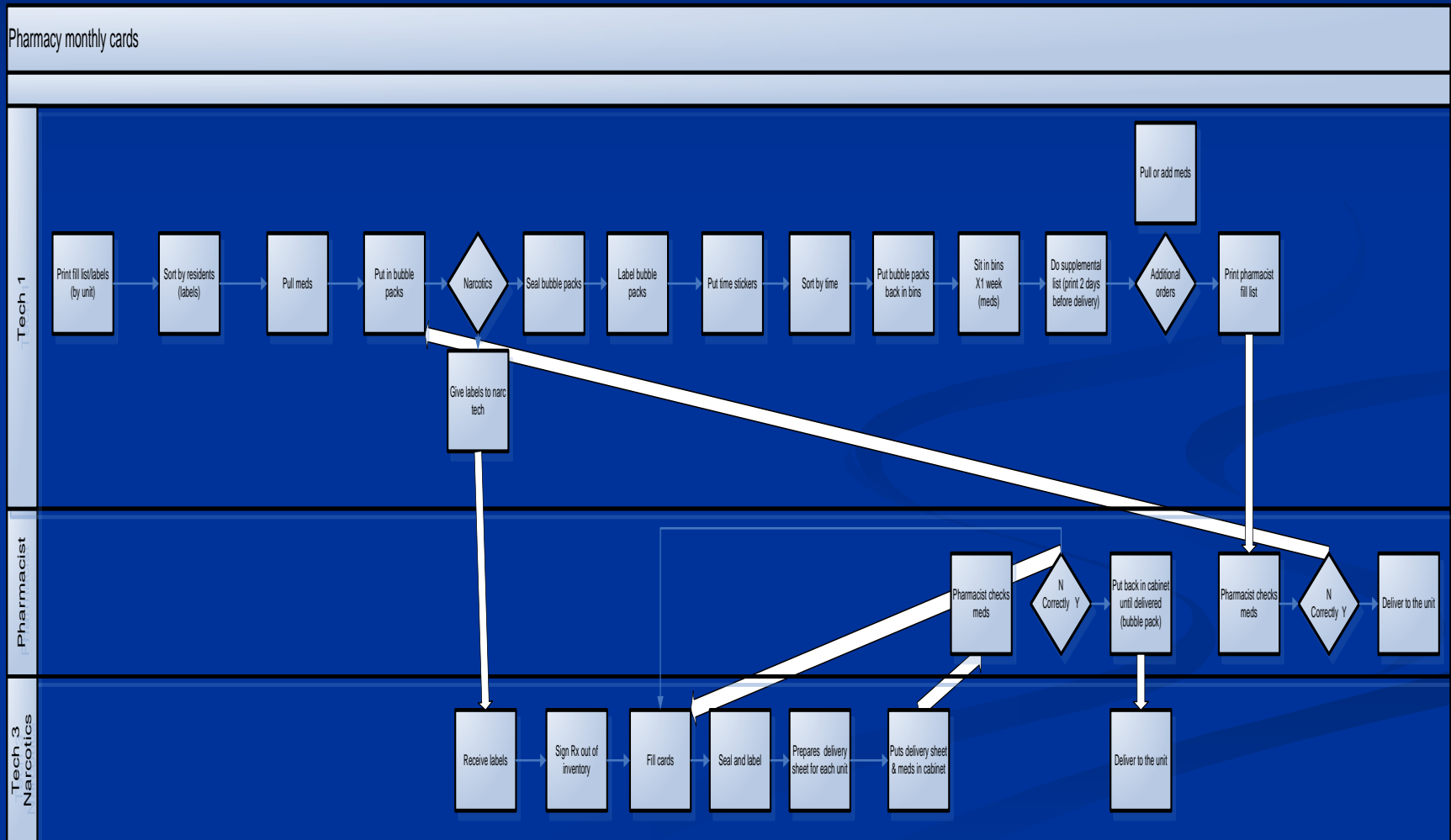
Connie



Current Process – Med Administration - Dixie



Current Process – Pharmacy - Kelli



Brainstorming Common Themes

- Kelley

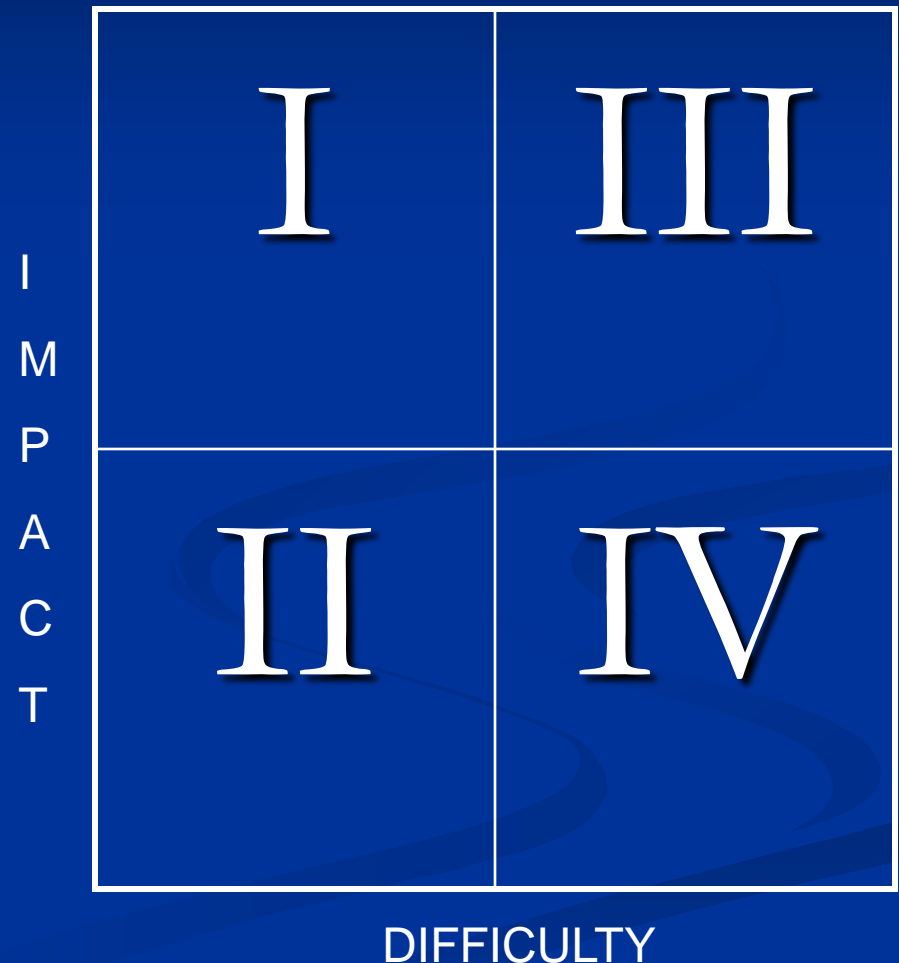
1. Medication reduction
2. Staff must call in at least 1 hr before shift
3. Improve access to all disciplines (cell phones/blackberries)
4. Unit dose liquid meds
5. Fax line in Pharmacy devoted to “stat” orders

Common Themes - Kelley

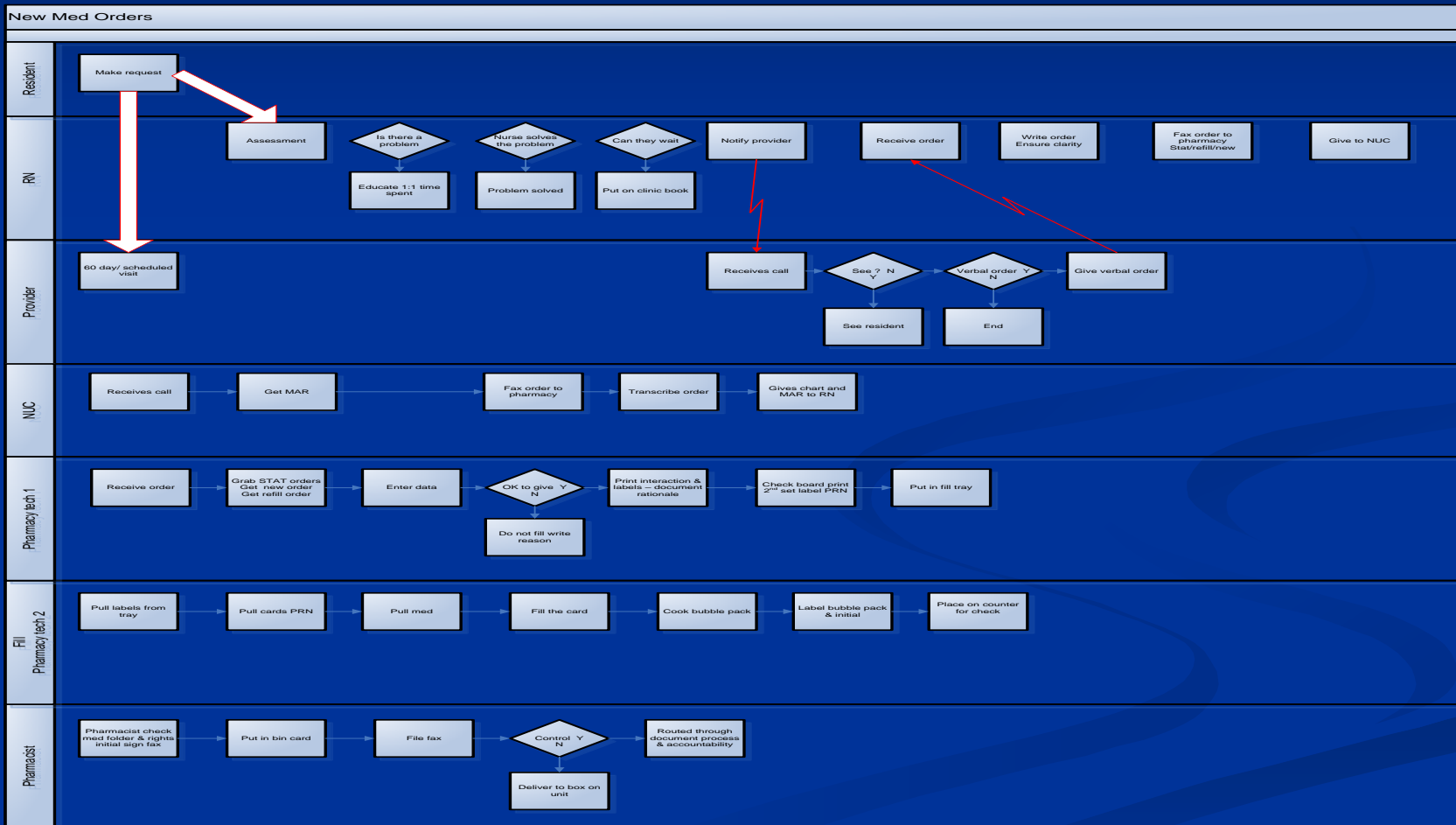
6. Put clinic back on the units
7. Non essential items out of med space
8. Outsource /contract/privatize pharmacy
9. Separate carts for licensed treatments
10. Change # of med times/soft med times

De-selection Process - Melissa

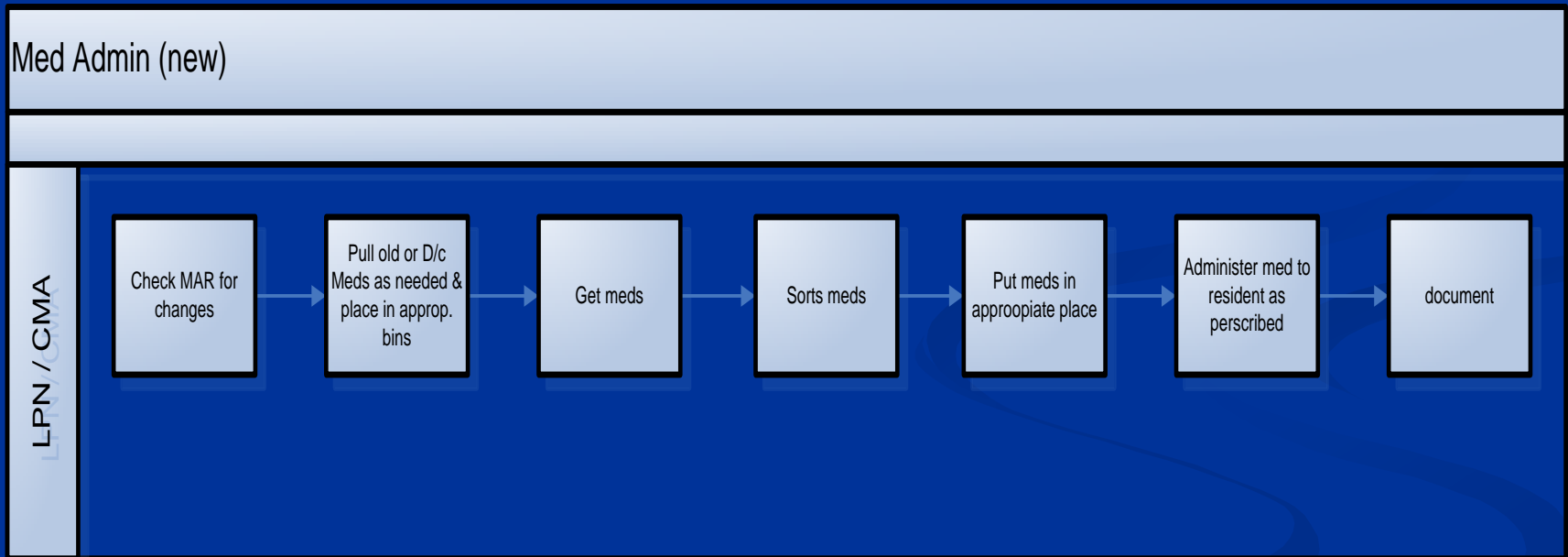
- Identifies
 - Impact to customer
 - Difficulty implementing
- Helps to rate/rank solutions to resolve issues while identifying ease of implementation



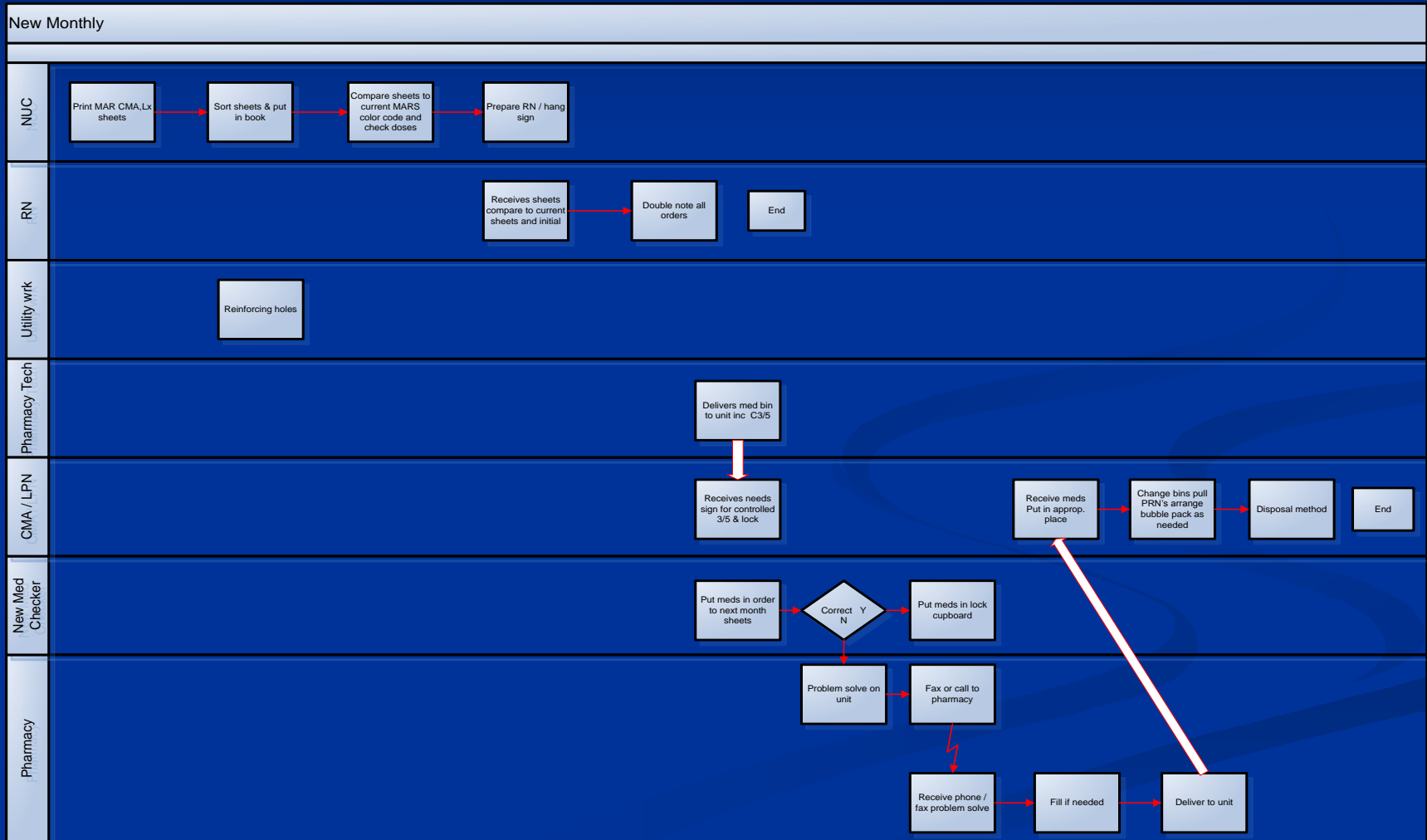
Future Process – Med Order - Vini



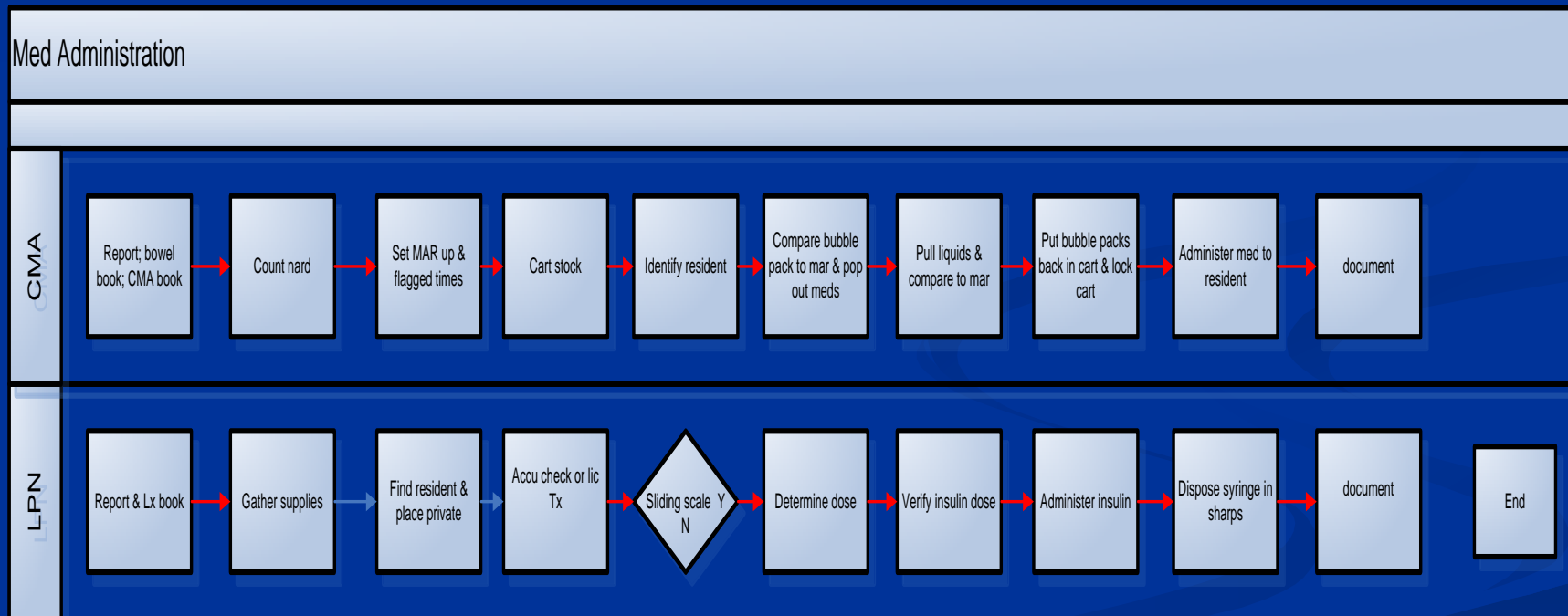
Future Process – Daily Med Delivery - Vini



Future Process – Monthly Meds - Vini



Future Process – Med Administration - Vini



Results - Brett

Resident Admissions	Current Process	New Process	Difference
Value added steps	11	11	0
Total Steps	265	135	49%
Number of Decisions	52	10	81%
Number of Delays	36	11	69%
Number of handoffs	37	16	57%

Homework – Dr. Miller

Item	Item Description	Person Responsible	Due Date
1	Standardized med delivery to the units 11:30 – Noon and 4:30 to 5:00 p.m. Only 1 med passer off unit at 1 time	Cherie Drummer	10/22/07
2	Chart Reviews on units – PCPs are aware of Beers Criteria and will check for any med reduction possibilities	Dr. Joe Miller	10/22/07
3	9 new fax machines to fax from clinic rooms Acute care needs of residents for last 5 days of month	Kristy Kelley	11/30/07
4	RNs will ensure all interventions are completed before contacting doctor	Kelly McCreary	10/22/07

Homework – Dr. Miller

5	New Medical Clinic Process	Dr. Joe Miller	11/30/07
6	Unit fax machines have time/date on each fax sent Pharmacy assign fax number for stat meds, new orders and refills	Brett Battles Jules Burian	10/15/07
7	Standard process for med passing Standard process for card counts & placement (C3-5) Standardize med cart	T. Springer-Dack C. Drummer-Malloy D. Spencer – Sheeler B. Vaughn- Loftus	11/1/07
8	Licensed carts for all units Insulin in licensed cart	Springer-Dack Drummer-Malloy Spencer – Sheeler B. Vaughn- Loftus	12-1-07

Homework – Dr. Miller

9	Standard process for ordering supplies and for stock supplies on the unit	Connie Tribby	11/15/07
10	Med omissions	Vinnie Soukhauvg	11/22/07
11	Incident reporting (near misses)	Connie Tribby	11/22/07
13	Off-shift communication with providers/pharmacy	Russ Pape	11/30/07

Homework – Dr. Miller

14	After-hour Pharmacy services (Dispensing by contract Pharmacy)	Jules Burian	11/30/07
15	Communication electronically (i.e. cell phones instead of pagers for providers/pharmacist)	Dr. Doug Steenblock	1/2/08
16	2 sets of med books on the unit – standardized process (Example by M2S)	Jane Linnenbrink	11/30/03
17	Roll-out – Kaizen Communication Plan	Brett Battles Kelly McCreary	11/15/07

Team Member's Experience

Russ, Doug, Ron, Laura, Jules

Jim Scott

Closing Comments

**We welcome your
questions and comments!**